

Maternal and Child Health (MCH) / Children and Youth with Special Health Care Needs (CYSHCN) UPDATE

November 2012

The purpose of this **UPDATE** is to share important information on national, state, and local maternal and child health issues, including children and youth with special health care needs, to Title V Maternal and Child Health Block Grant providers. You will also be updated on pertinent resources and state and regional “happenings.” We hope the **UPDATE** will promote statewide sharing and contribute to improved maternal and child health in Wisconsin. Please share this **UPDATE** with others.

DISTRIBUTION

The **UPDATE** will be posted to the [MCH Program website](#) or distributed by request via email. To receive the **UPDATE**, send your name and email address to [Mary Gothard](#).

FORMAT

The **UPDATE** design includes content headings and a table of contents. We hope this enables easier reading and access to the information that pertains to you. The **UPDATE** contains “active links” to content; therefore, it is best read electronically. If you have comments or suggestions for a future issue, contact [Mary Gothard](#) at (608) 266-9823.

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THINGS YOU DON'T WANT TO MISS!

Joint Meeting – November 16th

The *Wisconsin Healthiest Women Initiative* and the *Statewide Advisory Committee on Eliminating Racial and Ethnic Disparities in Birth Outcomes* will hold a joint meeting at the Hillside Terrace Family Resource Center located at 1452 N. 7th Street in Milwaukee, on November 16, 2012, from 9:30 a.m - 2:30 pm. Please RSVP to [Katie Gillespie](#) by November 5th and contact her if you have questions.

BCHP PROGRAM/PARTNER NEWS & EVENTS

Updates from the Wisconsin Association for Perinatal Care (WAPC) and the Perinatal Foundation: *Weight – What to Say?* (Tips for Providers)

Talking to women about weight can be challenging for many providers. It can be even more challenging within the context of pregnancy, a time when women are “supposed” to gain weight. WAPC published the [Weight – What to Say?](#) provider tool to meet these challenges.

To get the conversation about weight management during the perinatal period started, the tool uses the “Ask, Advice, and Assist” model for motivational interviewing. *Weight-What to Say?* is a companion piece to the [Healthy Weight Gain in Pregnancy tool](#), published earlier this year. *Healthy Weight Gain in Pregnancy* was designed with input from providers, women, and literacy experts. The tool helps women understand the amount of weight to gain in the context of their BMIs and track weight gain during pregnancy. Both tools were developed as part of a WAPC initiative to help women manage weight gain during and between pregnancies. The initiative is funded in part by the Perinatal Foundation and the MCH Title V Services Block Grant.

First Breath Program Update

First Breath is a smoking cessation program for pregnant women in Wisconsin. The Wisconsin Women’s Health Foundation (WWHF) uses a “train the trainer” model where WWHF Health Educators train maternal and child health care providers in evidence-based, best practices for smoking cessation. First Breath has enrolled over 13,000 women since 2001 and has maintained an average quit rate of 35%. My Baby & Me is a program modeled after First Breath, aimed at helping pregnant women remain alcohol free. My Baby & Me serves as a screening and brief intervention for women at risk for an alcohol exposed pregnancy. My Baby & Me has served over 400 women in Wisconsin since 2006. Interested in becoming a First Breath and/or a My Baby & Me site? Please contact Program Manager, [Hillary Whitehorse](#) at (608) 251-1675 ext.112 or attend a First Breath training for NEW providers on Wednesday, December 12, 8:00 am - 12:30 pm, in Madison.

Check Out the Public Health Hotlines’ New Facebook Page

There is a new way to connect with Wisconsin public health hotlines. A new [Facebook page](#) now highlights Wisconsin First Step and the Maternal and Child Health Hotline. You can check out the page by clicking on the above link or you can also search for the page in Facebook by typing in “Wisconsin First Step” or “Maternal Child Health Hotline”. Upcoming posts will highlight the services provided through the hotlines including information and referral, the online resource directory, and information on the main program areas that the hotlines cover. These include the WIC (Women, Infants, Children) Program, Birth to 3, Prenatal Care Coordination, HealthCheck, Family Planning Waiver, Prenatal Care Coordination, BadgerCare, and Katie Beckett. Parent Specialists with Wisconsin First Step will also post on topics of

interest to parents of children with special needs, including parent support and networking, the Regional Children and Youth with Special Health Care Needs Centers, connecting to helpful disability-related websites, and more. As always, the hotlines can also be reached by calling 1-800-722-2295 for the Maternal and Child Health Hotline and 1-800-642-7837 for Wisconsin First Step. Both services are free and are available 24 hours a day, 7 days a week throughout the State of Wisconsin.

CURRENT RESEARCH/NEWS

Updated Ovarian Cancer Screening Guidelines

The US Preventive Services Task Force (USPSTF) has recommended against screening for ovarian cancer in women who are not at high risk for the disease. The [USPSTF guidelines](#) were published in the September 11th edition of the *Annals of Internal Medicine*. They note that the blood test and transvaginal ultrasound that are currently used to spot ovarian cancer may cause more harm than benefit for asymptomatic patients. However, women who have the genetic mutations (BRCA1/BRCA2) or family histories that raise their chances of developing ovarian cancer should be referred for genetic testing and counseling. [Read more](#) about the recommendations. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. September 24, 2012, Volume 14, Edition 39.

Authors Review SIDS Epidemiology and Risk Reduction: Then and Now

"It is critical for clinicians and other health professionals to understand and address some of the barriers that parents perceive about adopting safe sleep recommendations," state the authors of a review article published in the July 2012 issue of *Pediatrics in Review*. Although the rate of sudden infant death syndrome (SIDS) deaths has remained constant -- approximately 2,300 infants annually-- since 2001, many deaths that previously would have been classified as SIDS now are attributed to other sleep-related causes. The American Academy of Pediatrics Task Force on SIDS recently published a new Policy Statement and Technical Report providing evidence-based guidance on the other causes of sleep-related infant deaths, such as soft bedding, prone sleep position, and bed sharing. The article references a 2007 review article on SIDS published in "Pediatrics in Review" and provides an update on the topic. The authors discuss possible etiologic mechanisms for SIDS, risk factors for SIDS, the American Academy of Pediatrics' SIDS Task Force recommendations and underlying rationale, and the most common reasons for non-adherence to SIDS risk reduction recommendations. The article concludes with a summary of the following education and health messages:

- All infants should be placed in the supine position for every sleep.
- Tobacco exposure should be avoided during both the prenatal and the postnatal periods.
- Room sharing without bed sharing is recommended.
- Removing blankets, pillows, and other soft bedding from the infant sleep area is recommended.
- Overheating should be avoided.
- Breastfeeding should be encouraged for SIDS risk reduction.
- Pacifier use should be encouraged for SIDS risk reduction.
- Immunizations should be encouraged for SIDS risk reduction.
- The evidence for fan use or swaddling as strategies to reduce SIDS risk is inconclusive.

Moon RY, Fu L. 2012. Sudden infant death syndrome: An update. [Pediatrics in Review 33\(7\):314-320](#).

Note: More information is available from the following MCH Library resource: [Infant Mortality and Pregnancy Loss: Knowledge Path](#). Taken from July 27, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Study: Maternal Depression & Childhood Growth

A [study](#) published online September 10th in the journal *Pediatrics* examines the impact of maternal symptoms of depression on the growth of preschool and school-aged children. The study authors used data from the nationally representative Early Childhood Longitudinal Study, Birth Cohort to study maternal depressive symptoms at nine months postpartum in relation to child growth outcomes. They found that when their children were nine months of age, 24% of mothers reported mild depressive symptoms and 17% had moderate/severe symptoms. Children with mothers with moderate to severe levels of depressive symptoms at nine months postpartum had a 40% increase in their odds of being at or below 10% in height-for-age at age four and a 48% increase in their odds of being at or below 10% in height-for-age at age five. The study authors conclude that maternal depressive symptoms during infancy may affect physical growth in early childhood, and point to the need for prevention, early detection and treatment of depression in mothers. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. September 17, 2012, Volume 14, Edition 38.

Document Provides Guidance on Oral Health Care During Pregnancy

[Oral Health Care During Pregnancy: A National Consensus Statement -- Summary of an Expert Workgroup Meeting](#) provides guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals. The document was published by the National Maternal and Child Oral Health Resource Center with support from the Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau. It summarizes a meeting held on October 18, 2011, in Washington, DC, convened by HRSA in collaboration with the American College of Obstetricians and Gynecologists and the American Dental Association. Information on pharmacological considerations for pregnant women and guidance for health professionals to share with pregnant women are included.

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Educational Resource Focuses on Diabetes and Pregnancy

[Pre-Existing Diabetes and Pregnancy: Potential Effects of Uncontrolled Diabetes Before and During Pregnancy](#) shares information and advice for women with diabetes who want to get pregnant. The chart, developed by the National Center on Birth Defects and Developmental Disabilities, describes how blood sugar that is not well controlled in a pregnant woman with type 1 or type 2 diabetes can lead to problems for the woman and her infant. It also provides self-care tips for women with diabetes such as planning for pregnancy, taking medications, monitoring blood sugar often, controlling blood sugar and treating problems right away, and following up with the doctor regularly. Links to additional resources on diabetes and pregnancy are also included. Taken from October 12, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

AHRQ Releases Final Report on Progestogens for Preterm-Birth Prevention

[Progestogens for Prevention of Preterm Birth](#) reviews evidence addressing administration of progestogens to prevent preterm birth with a focus on maternal, fetal, and neonatal health outcomes; harms of progestogen treatments; modifiers of outcomes; and health-system and provider factors. The report is based on research conducted by Vanderbilt University's Evidence-Based Practice Center under contract to the Agency for Healthcare Research and Quality. Contents include background on the burden of preterm birth, the use of progestogens, and treatment options; information about the literature review methods, literature synthesis, peer review, and public commentary; and a discussion of the state of the science and current and future research. Conclusions are also presented. Taken from September 21, 2012 MCHAlert©

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Report: Alcohol Use and Binge Drinking Among Women of Childbearing Age

"These results indicate that binge drinking during pregnancy continues to be a concern," state the authors of a report published in the July 20, 2012, issue of *Morbidity and Mortality Weekly Report*. Alcohol use during pregnancy is a leading preventable cause of birth defects and developmental disabilities. In 2005, the Surgeon General issued an advisory urging women who are pregnant or who might become pregnant to abstain from alcohol use. Healthy People 2020 set specific targets for abstinence from alcohol use and binge drinking in the past 30 days among women aged 18-44. The report provides estimates of the prevalence of any alcohol use and binge drinking in the past 30 days among women aged 18-44 in the United States. The authors found that:

- Prevalence estimates for any alcohol use in the past 30 days during 2006-2010 were 7.6% among pregnant women and 51.5% among nonpregnant women.
- The 2006-2010 prevalence estimates for binge drinking in the past 30 days were 1.4% among pregnant women and 15.0% among nonpregnant women.
- Among pregnant women, those aged 35-44 reported the highest prevalence of any alcohol use (14.3%), compared with women aged 18-24 (4.5%).
- Among pregnant women, the odds of reporting binge drinking were nearly two and half times greater among those who were employed, compared with those who were not employed.
- Among pregnant and nonpregnant women who reported binge drinking, the estimated average frequency and intensity of binge drinking were similar, approximately three times per month and six drinks on an occasion.

"Pregnant and nonpregnant women of childbearing age who misuse alcohol might benefit from public health interventions," state the authors, adding that alcohol "SBI [screening and brief interventions] and community level policy interventions . . . might be effective in reducing alcohol misuse among women and help to achieve the Healthy People 2020 goals."

Centers for Disease Control and Prevention. 2012. Alcohol use and binge drinking among women of childbearing age -- United States, 2006-2010. [Morbidity and Mortality Weekly Report 61\(28\):534-535](#). Note: More information is available from the following MCH Library resource: [Tobacco, Alcohol, and Substance Use During Preconception and Pregnancy: Resource Brief](#).

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Study: Race, Ethnicity & Pregnancy-Related Mortality

A [study](#) appearing in the August 2012 edition of the journal *Obstetrics and Gynecology* compares trends in and causes of pregnancy-related mortality by race, ethnicity and nativity from 1993 to 2006. The study authors used data from the *Pregnancy Mortality Surveillance System* and calculated pregnancy-related mortality ratios and assessed causes of pregnancy-related death for each race, ethnicity and nativity group. Causes and timing of death within 42 days postpartum were similar for U.S.-born white and black women with cardiovascular disease, cardiomyopathy, and other pre-existing medical conditions emerging as chief contributors to mortality. Hypertensive disorders, hemorrhage, and embolism were the most important causes of pregnancy-related death for all other groups of women. Overall, however, the study authors found that except for foreign-born white women, all other race, ethnicity and nativity groups were at higher risk of dying from pregnancy-related causes than US-born white women, even

after adjusting for age differences. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 20, 2012, Volume 14, Edition 34.

Surgeon General Renews Call to Action to Prevent Suicide

The [2012 National Strategy for Suicide Prevention: Goals and Objectives for Action](#) sets forth a national agenda to guide suicide-prevention activities in the United States over the next decade. The document is based on an assessment of progress made to date and challenges identified since the U.S. Surgeon General issued the first National Strategy for Suicide Prevention in 2001. The strategy-revision process was initiated and overseen by a task force of the National Action Alliance for Suicide Prevention, co-led by the Surgeon General and the director of the Suicide Prevention Resource Center. The strategy includes 13 goals and 60 objectives that have been updated to reflect advances in suicide-prevention knowledge, research, and practice, as well as broader changes in society and health care delivery that have created new opportunities for suicide prevention. Topics include healthy and empowered individuals, families, and communities; clinical and community preventive services; treatment and support services; and surveillance, research, and evaluation. The appendices contain a summary list, a crosswalk of goals and objectives from 2001 to 2012, a brief history of suicide prevention in the United States, a list of groups with increased suicide risk, and general suicide prevention resources, a glossary, and federal working group agency descriptions. Taken from September 14, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Journal Supplement Explores Protective Factors and Youth Violence

The [August 2012 supplement](#) to the *American Journal of Preventive Medicine* reviews the status of research on direct protective factors and provides analyses of existing data to clarify the forms and functions of factors that potentially protect against youth violence. The first paper examines the numerous and diverse ways that direct protective and buffering protective factors have been conceived and studied. Four papers provide new empirical results on the associations between potential direct protective factors and indicators of youth violence, using existing major longitudinal surveys of youth. The final paper calls attention to the implications of the work for public health research and prevention strategies to reduce youth violence. Taken from July 20, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Supplement: How Experiences and Exposures Across the Life Span Shape Health, Development, and Learning in Adolescence

The August 2012 supplement to the *Journal of Adolescent Health* examines the impact of experience in shaping the brain and behavior from the prenatal period through adolescence. The content is based on a conference held in April of 2011 at the Johns Hopkins Bloomberg School of Public Health to consider the role of stress, adversity, and experience (broadly defined) during the prenatal, childhood, and adolescent periods. Together, the articles in the supplement illustrate the diversity of research methods being applied in this area, which span genomics, developmental psychobiology, neuro-imaging, and intervention research. [Abstracts](#). Taken from August 3, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

WISCONSIN DATA TIDBITS & DATA REPORTS

Wisconsin PRAMS – What Moms Tell Us

Help From Health Insurance to Pay for the Delivery

Results from the Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS) indicate that almost three-fifths (59%) of new mothers reported that health insurance from a job helped pay for the delivery. However, by race/ethnicity, white mothers (69%) reported that the largest proportion of help to pay for the delivery was from job-related health insurance (including hers, partner's, parents' or military), compared to mothers of minority and other racial/ethnic groups who indicated that Medicaid (BadgerCare Plus) helped pay for the delivery. About three-fourths of African American and Hispanic/Latina mothers (77% and 75%) respectively received Medicaid to help pay for the delivery. The survey asked: "Did any of these health insurance plans help you pay for the delivery of your new baby?" The mother is asked to check all that apply for each group:

- Health insurance from your job or the job of your husband, partner, or parents
- Medicaid, BadgerCare or BadgerCare Plus
- TRICARE or other military health care
- Indian Health Service
- Other sources(s)
- I did not have health insurance to help pay for my delivery

The responses were grouped into these categories:

- Insurance through job or military: The responding mother received help for her delivery from employer-based insurance (hers, partner's, or parents'), TRICARE or other military health care
- Medicaid, BadgerCare Plus: The responding mother received help for her delivery from Medicaid, including BadgerCare or BadgerCare Plus
- Indian Health Service: The responding mother received help for her delivery from the Indian Health Service
- No insurance: The responding mother did not have health insurance to help with her delivery

Race/ethnicity	Insurance through Job or Military	Medicaid/ BadgerCare Plus	Indian Health Service	No Insurance
White, non-Hispanic	69%	32%	--	2%
Black, non-Hispanic	22%	77%	--	2%
Hispanic/Latina	26%	75%	1%	1%
Other	46%	58%	3%	1%
Total	59%	42%	--	2%

Source: 2009-2010 Wisconsin PRAMS, Division of Public Health, Department of Health Services.

Notes: Percents do not add to 100% because some mothers reported combinations of the categories shown in the table. There were not enough responses for the "Other" category to report.

If you would like PRAMS data presented, or for more information, contact [Kate Kvale](#) - Project Director at (608) 267-3727.

County Oral Health Wisconsin Surveillance System (COWSS)

The Wisconsin Oral Health Program is pleased to present the [County Oral Health Wisconsin Surveillance System \(COWSS\)](#). COWSS is a webbased reporting system, which compiles all available oral health data into two-page reports for all 72 counties, the City of Milwaukee, and the state. Each report contains local level data on more than 40 indicators. See the [Technical Notes](#) for additional information on data sources and methods. Questions? Contact [Melissa Olson](#), Department of Health Services - Oral Health Epidemiologist/Evaluator.

KidsCount

The [KidsCount Database](#) is a project funded by the Annie E. Casey Foundation. The database is a rich resource for youth-related data across a variety of fields (health, juvenile justice, poverty, early education, etc.) The grantee for Wisconsin - the Wisconsin Council on Children and Families – works hard to ensure the [Wisconsin data](#) uploaded from a variety of original sources is at the county level and may be useful for county and community level partners.

County-Level Public Benefit Fact Sheets

Covering Kids & Families (CKF) is a statewide coalition dedicated to reducing health disparities and improving overall health in Wisconsin by cultivating a network of informed individuals and organizations and thereby enhancing capacity to maximize participation in public health insurance programs. CKF has produced [Public Benefit One-Page Fact Sheets by County](#). These fact sheets (available in English and Spanish) are a quick reference of benefit programs, including BadgerCare+, FoodShare, Free/Reduced Price Lunch, Wisconsin Home Energy Assistance, Wisconsin Shares (Childcare), Wisconsin Works (W-2), and Women, Infants and Children (WIC).

CONFERENCES & AWARENESS CAMPAIGNS

Circles of Life Conference 2013 - Call for Presenters

The Circles of Life Conference is seeking presenters for the April 25-26, 2013 conference to be held in Stevens Point. Circles of Life is a conference for families who have children of any age with disabilities or special health care needs and the professionals who support and provide services for them. The conference is a unique opportunity to develop new skills, learn the latest information, and form lasting friendships. The conference includes over 25 sessions on a wide range of topics. In its 28th year, the Circles of Life Conference welcomes new and returning families and providers. Please visit the [Circles of Life website](#) for more information.

Campaign Expands to Include All Sleep-Related, Sudden Unexpected Infant Deaths

The *Safe to Sleep* campaign aims to educate parents, caregivers, and health professionals about ways to reduce the risk for SIDS and actions they can take to reduce the risk of other sleep-related causes of infant death, such as suffocation. The campaign builds on the Back to Sleep campaign started in 1994. Collaborators include the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the Health Resources and Services Administration's Maternal and Child Health Bureau, the Centers for Disease Control and Prevention's Division of Reproductive Health, the American Academy of Pediatrics (AAP), the American College of Obstetrics and Gynecology, First Candle, and the Association of SIDS and Infant Mortality Programs. The strategies outlined in the campaign resources are based on recommendations defined by the AAP Task Force on SIDS. Resources include the following:

Safe Sleep for Your Baby - This 12-page brochure provides answers to common questions about SIDS and encourages parents and other caregivers to share the messages with everyone who cares for their infant or for any infant younger than age 1. The brochure is available as follows:

- [English](#) version
- [Spanish](#) version
- For outreach to [African Americans](#)
- For outreach to [American Indians and Alaska Natives](#)

What Does a Safe Sleep Environment Look Like? - This single-page handout provides information on crib-safety guidelines and other strategies to reduce the risk of SIDS and other sleep-related causes of infant death. The handout is available as follows:

- [English](#) version
- [Spanish](#) version

Visit the *Safe to Sleep* campaign [website](#) for more information. Taken from September 28, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

WEBSITES & TECHNOLOGY RELATED RESOURCES

AMCHP Pulse - Infant Mortality, Prematurity and Preconception Health

This [September/October 2012](#) issue of the Association of Maternal and Child Health Programs (AMCHP) *Pulse* focuses on Infant Mortality, Prematurity and Preconception Health.

Improving Birth Outcomes in the U.S.: State Efforts to Reduce Prematurity

This resource provides examples of how a state can move forward in achieving the goal of prematurity reduction. The July 12, 2012 webinar was co-sponsored by the Association of Maternal and Child Health Programs and the Association of State and Territorial Health Officials. Topics include the ASTHO president's challenge (the Healthy Babies Initiative) to decrease prematurity in the United States by 8 percent by 2014. Presenters highlight the experience and strategies of two states that have met the challenge goal (Alaska and Vermont) and one state currently working toward that goal (Oklahoma). [Webinar slides](#).

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Early Learning Resources from the Fred Rogers Center

Online and mobile early learning resources are now available free of charge on the [Fred Rogers Center Early Learning Environment™](#) ("Ele" for short) website. Families, family child care providers, and teachers can visit the site to access a library of more than 100 high quality ebooks, videos, mobile apps, music, and more, all designed to promote early literacy and other learning and development for children from birth to age five. Ele's online community provides a safe place to ask questions and participate in discussions with other families and early childhood professionals. Taken from: Healthy Mothers, Healthy Babies Monday Morning Memo Series. August 13, 2012, Volume 14, Edition 33.

New Type 1 Diabetes DVD

A new educational DVD - [Type 1 Diabetes: Caring With Confidence](#) - is now available. Over 4,500 children in Wisconsin have diabetes, most of whom have type 1 diabetes. The video is for people who would like to learn about diabetes because of their interactions with people with

type 1 diabetes or who want to obtain a basic review about diabetes in general. This video can also be very useful for people working in child care roles who interact with children with diabetes.

This DVD complements the comprehensive manual *Students with Diabetes: A Resource Guide for Wisconsin Schools and Families* offered by the Wisconsin Department of Health Services [Diabetes Prevention and Control Program](#) (DPCP). The DVD is a collaboration of the Wisconsin Lions Foundation, DPCP, numerous diabetes health professionals, and the UW-Platteville Media Technology Services. You may order this free DVD from [Liz Shelley](#), Administrative Assistant at the Wisconsin Lions Foundation at (715) 677-4969.

CYSHCN CORNER

Family Voices Updates Booklet on Partnerships, Families, and Title V

[Getting to Know Title V](#) provides families with information about maternal and child health (MCH) services funded under Title V of the Social Security Act. The booklet, published by Family Voices with support from the Health Resources and Services Administration's Maternal and Child Health Bureau, presents brief facts about Title V administration, background, and history. Additional topics include the Title V federal-state partnership, appropriations and requirements, MCH populations, family-centered care and family involvement, block grant and performance measures, needs assessment, accountability, and the Title V Information System. Taken from September 14, 2012 MCHAlert© National Center for Education in Maternal and Child Health and Georgetown University. Reprinted with permission.

Training for Pediatric Primary Care Providers on Pediatric Mental Health Screening

A new training on pediatric mental health screening tools has been developed for pediatric primary care providers and their care teams. The training was developed jointly by Project LAUNCH and the [Wisconsin Statewide Medical Home Initiative \(WISMHI\)](#). WISMHI is funded by the Children and Youth with Special Health Care Needs Program.

This 60-minute training is delivered onsite at a clinic at a time that is convenient for them. The training reviews American Academy of Pediatrics' (AAP) recommendations around pediatric mental health screening, and some of the research supporting these recommendations. It introduces teams to three different mental health screeners, divided according to the child's age. Region- and community-specific resources for children with behavioral health needs and their families are also shared.

Additional trainings designed to support primary care clinicians in behavioral health provision are to be released in the near future. All trainings are based on the AAP's [Mental Health Toolkit](#) (2010). Topics include: identifying relevant mental health resources in your community, maximizing reimbursement for behavioral health provision, and using evidence-based psychosocial and pharmacologic interventions.

Refer to [AAP's policy statement](#) on behavioral health integration into pediatric primary care (2009) for more information or contact [Arianna Keil](#), MD WISMHI Project Coordinator, at (608) 630-9552.

Special Olympics Wisconsin

Special Olympics Wisconsin (SOWI) is a statewide organization providing year-round sports training and competition to persons with intellectual disabilities. Individuals who are at least 8 years old and are identified as having an intellectual disability are eligible to train and compete

as a Special Olympics athlete. The Young Athletes™ Program introduces children aged 2 – 7, both with and without intellectual disabilities, to the world of Special Olympics through inclusive activities that foster physical, intellectual and social development. With seven regional offices throughout the state, SOWI serves nearly 10,000 athletes in approximately 200 communities statewide. Special Olympics Wisconsin is one of 52 programs nationwide, and the United States is one of over 170 countries providing this opportunity to nearly 4 million athletes around the world.

SOWI aims to improve each athlete's ability to train and compete by providing them with resources to advance their health, fitness and overall quality of life. The SOWI Healthy Athletes Program® provides free health screenings and testing to Special Olympics athletes at no cost. Visit the [SOWI website](#) to learn more about SOWI, the Young Athletes™ Program, or the organization's health initiatives.

Circles of Life Conference 2013

The Circles of Life Conference is for families who have children of any age with disabilities or special health care needs and the professionals who support and provide services for them. The conference is a unique opportunity to develop new skills, garner the latest information, and form lasting friendships. The conference includes over 25 sessions on a wide range of topics. In its 27th year, the Circles of Life Conference welcomes new and returning families and providers. The conference will be held April 25-26, 2013 at the Holiday Inn at Steven's Point.

Family Voices of Wisconsin

Family Voices of Wisconsin has added trainings in Spanish this year. A *What's After High School?* transition training will be held in Milwaukee, in partnership with Alianza Latina Aplicando Soluciones (ALAS), on February 2, 2013 and a *Did You Know? Now You Know!* Training, in collaboration with The Madison Area Latino Parent group and the Southern Regional Center for CYSHCN, will be held in Madison on October 17th. These are in addition to a full schedule of *Did You Know? Now You Know!* trainings and *What's After High School* transition trainings this fall and winter. You may refer to the listing of [all training opportunities](#) available. The Family Voices newsletter and all of their [fact sheets](#) for families are available in Spanish. Contact [Lynn](#) at Family Voices for more information.

Youth Health Transition

Join us December 12th at the Kalahari Resort in Wisconsin Dells to discuss *Successful Youth Transition into Adult Health Care: an Outcomes Approach*. Participants will learn and apply strategies toward building system, process and clinical outcomes that affect successful youth transition into adult health care. Healthcare providers, administrators and others with an interest in youth transition into adult health care are encouraged to attend. Keynote speaker is Dr. Albert Hergenroeder, MD, a recognized expert in youth health transition from Baylor College of Medicine and Texas Children's Hospital. Registration is required and available [online](#). Space is limited! For more information contact [Kris McArdle](#) at (608) 890-7990.

Patient at Risk Program

The *Patient at Risk Program* continues to gain momentum. In September, the coalition of parents, emergency responders, community partners and hospitals launched the Patient at Risk secure online database for statewide access. The goal of the program is to improve emergency care for Children and Youth with Special Health Care Needs through the implementation of the Emergency Information Form (EIF) and use of the Patient at Risk database by families, EMS and physicians. Having a single database to access critical medical information in an emergency

allows everyone to quickly and effectively provide care to patients with even the most complicated medical needs. Visit the Patient at Risk [website](#) to learn more about the program or to access resources. Please share this resource with families and providers who may benefit! If you would like to receive program brochures or to schedule a training session, contact Kristina Manke at (414) 337-7546.

Southeast Regional Center for Children and Youth with Special Health Care Needs

The Southeast Regional Center for Children and Youth with Special Health Care Needs has welcomed a Project Search intern, Nathan, to work with us two days a week. Nathan's goals are to learn about customer service and other office skills so that he can eventually work as an Occupational Therapy Assistant. Project Search is a one year, transition program providing training and education to young adults, aged 18-25 years, with disabilities. The program goal is to teach marketable, transferable and competitive job skills. This collaborative effort between Easter Seals of Southeast Wisconsin and Children's Hospital of Wisconsin offers 3 ten-week rotations in various departments to eligible applicants. The interns are supervised by a certified Special Education instructor and career coaches, as well as mentors from the departments where they work. They begin and end each day in a "classroom" within the hospital where they work on employability skills in the mornings and reflect on their day's experiences in the afternoon. Nathan's smile, great work ethic and positive attitude will take him far. Go to the [website](#) to learn more about Project Search and other locations.

The Southeast Regional Center's annual *Care in the Community Conference* was held in Milwaukee on September 27th. This year's theme was *Family Coping: Building Strong Foundations*. Presentations focused on Mental Health, Coping, Medical Home and Transition. Over 100 family members and providers attended as well as 9 speakers and 11 vendors.

The comments were very positive:

- Once again, an excellent conference. Great topics, great speakers and a wonderful opportunity for networking.
- Wonderful experience, lots of vendors and very good presenters.
- Overall a great conference.

NE Regional Center for Children and Youth with Special Health Care Needs (NERC)

The NERC's Teen Target Team, a youth leadership team, wrote and received a grant from the United Way Fox Cities Youth Board. The grant was to provide a laptop for patients at Children's Hospital of Wisconsin in Neenah. Before this laptop was provided, the patients at Children's Hospital of Wisconsin in Neenah did not have access to a computer or the internet. No computer or internet access meant that the patients may not have had access to maintain connections with school, family, friends, extra-curricular activities or other social networking activities. Through the determination and hard work of the teens on the Teen Target Team, on October 10, 2012, a laptop with Microsoft Word programs and internet access was presented to Children's Hospital of Wisconsin in Neenah. The teens chose the computer, developed computer usage rules and presented the computer to the hospital staff.

Western Regional Center for Children and Youth with Special Health Care Needs



The Chippewa County Public Health Department has recently consolidated onto half of the first floor of the Courthouse. Because of the move, the Regional Center had the opportunity to design a window graphic (from our statewide CYSHCN design elements) to welcome visitors to our new location in rooms 117 and 119. This new signage was part of an overall department

effort to help with the "branding" of Public Health in our new locations. The response has been very positive, with longtime clients and new visitors commenting on the logo and colorful graphics that frame both the top and bottom windows. While our space is much smaller, we were able to downsize our inventory of materials due to the internet and availability of more current resource information online. Western Region staff are working with a Quality Improvement project to develop an outreach business plan that includes creating a Facebook page for both the Regional Center and the Chippewa County Department of Public Health.

WIC-CYSHCN Nourishing Special Needs Network

Wisconsin's CYSHCN – WIC Nourishing Special Needs Network consists of Registered Dietitians working in the WIC (Women, Infants and Children Supplemental Nutrition Program) Program who have specific interest and knowledge in providing assessments and support for infants and children who are in WIC and also have special health care needs. There have been two agencies added to our network:

1. Vilas County Health Department WIC in Eagle River - [Hope Williams](#) at (715) 479-3656
2. Grant County WIC - [Melissa Dunlap](#) at 608-723-6416